



CARE WATCH

Advocating Quality Home & Community Care

Care Watch Ontario Submission

Bill 135, Convenient Care at Home Act, 2023

November 2023

Care Watch is a non-profit advocacy organization. Volunteers run Care Watch, and older adults lead it. We advocate for high quality, affordable, and equitable home and community services for Ontario's older adults. We monitor and analyze policy, advise decision makers, and hold officials accountable. Our goal is to build a system that supports dignified ageing and keeps Ontarians safe in their homes and communities.

• *Not-for-Profit.* • *Volunteer-Run.* • *Senior-Led.*

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Submission to the Standing Committee on Social Policy
Bill 135 – *Convenient Care at Home Act*, 2023

November 15, 2023

Standing Committee on Social Policy
Whitney Block, Room 1405
99 Wellesley Street W
Toronto, ON M7A 1A2

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Attention: Lesley Flores, Committee Clerk

Care Watch Ontario welcomes the opportunity to comment on *Bill 135: The Convenient Care at Home Act, 2023*. Care Watch is a non-profit, non-partisan organization. Volunteers run it and older adults lead it. We advocate for high quality, affordable, and equitable home and community care for older Ontarians.

The goals of Bill 135 – to coordinate home and community services, simplify access, and strengthen digital and virtual capabilities – support what we advocate. We are also pleased that, as in the previous Community Care Access Centres, care coordinators will continue to work with clients and front-line providers to develop care plans. In addition, the discharge planning process, in place since before 2000, will continue. Many other specifics, however, will live in regulations, which do not undergo public scrutiny and consultation. We therefore call the Standing Committee's attention to some issues and questions.

- ***The new legislation emphasizes the transition from hospital to home.*** "Patients" will have home care plans "before going home from hospital." Those who have "completed a hospital stay in acute care are safely transitioned home with a home care plan already in place before they leave." They will have "easy-to-understand home care plans . . . before going home from hospital."

These are all necessary measures, but they are reactive. We see no clear provision for developing plans for community-based, non-hospital clients. Strong preventive and supportive home and community services can keep many older adults out of hospitals entirely. Almost all have said they prefer services that allow them to remain in their homes and contribute to their communities. One example is a "cluster care" model – with a small caregiver team delivering care in naturally occurring retirement communities (or NORCs) – buildings with a high proportion of older adults. This model and others like it also cost the health care system far less than either hospital or long-term care home stays.

Care Watch asks:

- ✓ How will hospital and long-term care home stays be avoided? How will care at home be supported?

Care Watch recommends:

- ✓ That clear, easy to follow pathways and care plans be developed for older adults to receive services in their homes before or, even better, instead of being admitted to hospitals and that developing these pathways and care plans be included in Ontario Health atHome's mandate.
- ✓ That the process for care coordination be clear and straightforward, with one care coordinator assigned to a client.
- ✓ That models for supporting clients in their homes and communities be explored and adopted by Ontario Health atHome.

- ***The not-for-profit organizations that traditionally delivered most home and community services are being replaced, so the system is unbalanced.*** The for-profit organizations now providing most home and community care answer primarily to their shareholders rather than to their clients or to the public. When the lowest bidder wins the contract, services can be cut and compromised. Non-profit community agencies find it increasingly difficult to compete. When agencies are being subcontracted to deliver and coordinate services, the Ontario Health Teams and Ontario Health atHome can help rebalance the system.

Care Watch asks:

- ✓ How will balance be restored and the role of non-profit agencies be strengthened?

Care Watch recommends:

- ✓ That non-profit agencies be given priority when service and coordination contracts are awarded.
- ✓ That the board of directors of Ontario Health atHome report publicly on the processes for awarding contracts and the results of those processes.

- ***The new structure, with significant government investment, is an opportunity to promote consistency, but it's not clear who will be accountable.*** Eventually, Ontario Health atHome will provide only back-office and care coordination support, with care coordinators working under the direction of providers. Unless standards are set and enforced, and all providers (whether for-profit or non-profit) required to adhere to them, poor service, inconsistency, and lack of accountability will result.

Care Watch asks:

- ✓ Who will lead provincial or regional service planning? How will Ontario Health atHome's planning relate to the planning of individual health teams or service providers?
- ✓ How will the money flow, and who will control it? What guidelines and conditions will be set for how the money is used? Will guidelines be consistent province-wide?
- ✓ Who will control services when they are subcontracted to individual providers and Ontario Health atHome provides only operational supports?
- ✓ Who will establish, monitor, and enforce service standards and requirements (not simply guidelines)? How will consistency across the province be established and maintained?

Care Watch recommends:

- ✓ That carefully developed mechanisms for accountability, consequences of non-compliance with standards and requirements, and public reporting be mandated.

- ***Teams and structures can't succeed if there aren't enough people to deliver services.*** The personal support workers who deliver most home and community services do the same work, often under more trying conditions, as those in hospitals and long-term care homes. Yet they are paid far less, making them the lowest paid workers in health care. Many stop providing these services or leave the profession altogether. Government talks about "careful planning" for "workforce stability." How will that happen?

Care Watch asks:

- ✓ How will the home and community care workforce be strengthened and maintained?

Care Watch recommends:

- ✓ That a comprehensive plan for attracting and retaining a home and community care workforce be developed and carried out.
- ✓ That this workforce plan include giving personal support workers in homes and communities wages and benefits comparable to what workers in hospitals and long-term care homes receive.

Care Watch appreciates the opportunity to comment on Bill 135. We look forward to learning more about how home and community care will be supported and delivered throughout the province.

Sincerely,



Fiona Green
Chair, on behalf of the Board of Directors

Cc: Minister of Health
Minister of Long-Term Care
Minister for Seniors and Accessibility
Matthew Anderson, Ontario Health
Donna Kline, Ontario Health